Rest	Avallo	apie	COHY

13

PATENT.	APPLI	CATI	ON	FEE	DET	ΓEF	RMINATION	RECORD

Application or Docket Number

10/029300

Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 10)				RATE	FEE		RATE	FEE			
FOR NUMBER FILED N		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00				
TOTAL CHARGEABLE CLAIMS ((O min	(O minus 20= *		Ø		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 = *		*	Ø		X42=		OR	X84=		
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	KIT		
10 20 0 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u>)</u>	SMALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON N	Total	• q	Minus	** 2	0	= Ø		X\$ 9=		OR	X\$18=		
AME	Independent	• 3	Minus	***	3	- Ø		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ָ ל	+140=		OR	+280=			
	TOTAL OR TOTAL												
. •	ADDIT. FEE ON ADDIT. FEE (Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	ا	X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF M	Minus	***	TOLAIM	-	4	X42=		OR	X84=		
L	PIRST PRESE	NIATION OF M	ULTIPLE DE	PENDEN	CCAIN	<u> </u>	_1	+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			ımn 2)	(Column 3)_					_	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOZ	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	4	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIN	<u> </u>	L	+140=	<u> </u>	OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													